

**RECEIVED
CENTRAL FAX CENTER**

MAY 14 2007

**SECOND SIGHT® MEDICAL PRODUCTS, INC.**

PHONE 818-833-5055 FAX 818-833-5080

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner Oropeza	Scott Dunbar
Mail Stop: Amendment	Reg. No. 37,124
COMPANY:	DATE:
Commissioner for Patents	5/14/2007
U.S. Patent and Trademark Office	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	10
ART UNIT:	ATTORNEY DOCKET NUMBER:
	S100-DIV1
RE:	CUSTOMER NO.
U.S. Patent Application No. 09/976,799	28284
Filed October 12, 2001	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

12744 SAN FERNANDO ROAD, BUILDING #3
SYLMAR, CA 91342

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

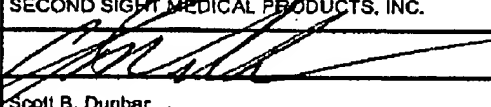
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

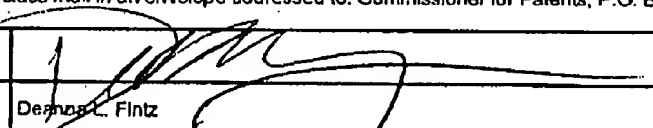
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/978,799	
	Filing Date	October 12, 2001	
	First Named Inventor	Greenberg, et al.	
	Art Unit	3762	
	Examiner Name	Oropeza	
Total Number of Pages in This Submission	9	Attorney Docket Number	S100-DIV1

RECEIVED
CENTRAL FAX CENTER

MAY 14 2007

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	SECOND SIGHT MEDICAL PRODUCTS, INC.	
Signature		
Printed name	Scott B. Dunbar	
Date	May 14, 2007	Reg. No. 37,124

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Dennis L. Flintz	Date 05/14/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.